

# wise beyond our years

Winter 2011

## Wal-Mart Promotes Healthy Foods

On January 20, 2011, Wal-Mart announced a five-year plan to make thousands of its packaged foods lower in unhealthy salts, fats and sugars, and to drop prices on fruits and vegetables.

The initiative is a result of discussions the company has been having with First Lady Michelle Obama, who has made healthy eating and reducing childhood obesity the centerpiece of her agenda.

The plan sets specific targets for lowering sodium, trans fats and added sugars in a broad range of foods, including rice, soup, canned beans, salad dressing and snacks like potato chips, packaged under Wal-Mart's house brand, Great Value. The plan is to initiate a 25 percent reduction in sodium, eliminate industrially added trans fats and reduce added sugars by 10 percent. The company also pledged to press major food suppliers, like Kraft, to follow its example and emphasize health in the same way. Although Wal-Mart did



not disclose how much of its sales come from its house brand, Kraft says about 16 percent of its global sales are through Wal-Mart.

Further efforts to improve the American diet include eliminating any extra cost for healthy food options made with whole grains and

to develop a seal that will go on healthier foods, as measured by their sodium, fat and sugar content. These changes will take time and will be introduced gradually over a period of the next five years. Nonetheless, with Wal-Mart selling more groceries than any other company in the country, and because it is such a large purchaser of foods produced by national suppliers, nutrition experts say the changes could have a big impact on the affordability of healthy food and the health of American families and children. Wal-Mart is definitely taking steps to push the food industry in the right direction.

To learn more about this initiative, [click here.](#) ➤

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# 2010 State Report on Cervical Cancer Prevention

States made tremendous progress against cervical cancer in 2010, according to Women in Government's 2010 HPV and Cervical Cancer State Report.

**A Roadmap for Success: The "State" of Cervical Cancer Prevention in America 2010** is the sixth in a series of annual reports charting the outcome of efforts by states to bolster cervical cancer prevention. This report details state-level legislative efforts to fight cervical cancer in a number of key areas. As evidenced by this report, states have dramatically increased the amount of attention paid to

cervical cancer prevention, resulting in lives saved and a generation of young Americans who have come of age with the tools and knowledge to prevent HPV and cervical cancer.

A total of 40 states and the District of Columbia--nearly four out of five--received a grade of Good or Very Good in their efforts to fight cervical cancer. North Carolina was one of only nine states to receive a Very Good rating. To view our state profile, [click here](#). ♪

## Guidelines Urge Exercise for Cancer Patients and Survivors



A panel of 13 researchers with expertise in cancer, fitness, obesity, and exercise training is spreading what they believe to be one of the most important messages for cancer patients and survivors: avoid inactivity.

The evidence linking physical activity with improved quality of life in those undergoing active treatment and those who have completed it "is incredibly strong," said Dr. Rachel Ballard-Barbash of NCI's Division of Cancer Control and Population Sciences. "Even a modest amount of exercise, like brief walks, is beneficial, and we see gains versus doing nothing at all," she said.

The guidelines, published in the July 2010 *Medicine & Science in Sports & Exercise*, include specific recommendations, including the objectives and goals of a prescription for exercise training, and contraindications for exercise for patients with breast, prostate, colon, gynecologic, and hematologic cancers. These were cancers for which the panel felt there was sufficient evidence for such recommendations.

The guidelines also make note of the suggestive evidence, but by no means definitive evidence, that regular exercise after treatment for breast and colorectal cancer improves progression-free and overall survival

For more information about exercise and cancer, [click here](#).

# Community Links vs. Lifestyle Interventions

As of December 2010, attendance to community based resources are no longer counted as Lifestyle Interventions (LSI) for the WISEWOMAN Project. NC WISEWOMAN has been under-reporting the number of referrals to community resources because we were only counting them if the patient provided proof of attendance.

The new policy is to continue to refer patients to resources in the community that promote cardiovascular health, such healthy cooking classes, physical activity classes, weight loss programs, etc, but understand they will no longer be counted as a LSI, even if the patient does provide proof of attendance. For a list of community



resources in your county, visit [www.bcccp.ncdhhs.gov/wisewoman.htm](http://www.bcccp.ncdhhs.gov/wisewoman.htm).

Approved LSIs include face-to-face, telephone, and group classes that use *A New Leaf* materials. Mailed materials may also continue to be counted as an LSI as long as you include *A New Leaf* materials and follow-up with a telephone call of a minimum of 15 minutes. Further details are outlined below.

Please contact, Jessica Pyjas, WISEWOMAN Interventionist, at (919) 707-5334 or [Jessica.pyjas@dhhs.nc.gov](mailto:Jessica.pyjas@dhhs.nc.gov) with any questions regarding this change. ☺

## Effective immediately:

- ✓ **Do** check community linkage in your data if you refer a patient to a community resource, even if you do not have evidence that she followed through.
- ✓ In order to enter community linkage in HIS, you will need to record it as if it is a LSI. Until HIS changes can be made, our data manager will be able to count them this way, and will separate them from other LSIs when the data is submitted to CDC.
- ✓ Community linkage **does not** count toward your required LSIs. You will still need to provide the appropriate number of LSIs using *New Leaf* materials.

# BCCCP Guidance Manual Updates

*Effective January 1, 2011*

## ***PC.10: Cervical Cancer Screening Following Hysterectomy***

NBCCEDP Funds CANNOT be used for cervical cancer screening in women with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia (precursor to cervical cancer) or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy.

**For women with a history of cervical neoplasia**, cervical cancer screening should continue until there is a 10-year history of no abnormal/positive cytology tests, including documentation that the three most recent consecutive tests were technically satisfactory and interpreted as normal/negative.

**For women with a history of invasive cervical cancer**, cervical cancer screening should continue indefinitely as long as they are in good health. The presence of a cervix can be determined with a physical examination. NBCCEDP funds CAN be used to pay for an initial examination (i.e., pelvic examination) to determine if a woman has a cervix.

## ***PC.18: Tobacco Screening and Cessation***

Grantees must develop a policy requiring all providers to assess the smoking status of every woman screened by the NBCCEDP and refer those who smoke to tobacco quit lines. It is well known that tobacco use is associated with many cancers and chronic diseases that impact the health of our nation. As a chronic disease prevention priority, our public health cancer screening programs can promote the health of our patients by providing this great service while taking little effort. CDC wants to encourage providers to assess all women as a standard of practice, whether or not they are NBCCEDP-paid women. Each grantee is required to address this new requirement and progress regarding assessment of tobacco use and Quitline referrals for smokers in their annual workplans. CDC is not requiring that there be documentation of this in the client record nor in the MDE.

# New Forms

## *Revised Breast and Cervical Medicaid (BCCM) Forms*

A new revision of the BCCM for 5081 and 5081r (certification for BCCCP Medicaid and recertification for BCCCP Medicaid) are now being used. Please discard all older versions of the forms. Older versions will no longer be accepted.

The new forms can be accessed on the BCCCP website [www.bcccp.ncdhhs.gov/BCCM.htm](http://www.bcccp.ncdhhs.gov/BCCM.htm) or at the State forms website <http://info.dhhs.state.nc.us/olm/forms/forms.aspx?dc=dma>.

The forms are interactive and can be filled out on your computer then printed or they can be printed out and filled in by hand.

Please note that there are now two ID numbers, the social security number and the CNDS id number (used by HIS). We need both numbers to properly match with HIS BCCCP data and with Central Cancer Registry data. Please fill in BOTH numbers before submitting your forms.

If you have any questions please contact Terence Fitz-Simons, BCCCP Data Manager, at 919-707-5312 or [terence.fitz-simons@dhhs.nc.gov](mailto:terence.fitz-simons@dhhs.nc.gov) or your regional BCCCP/WW Nurse Consultant.

## *Updated WISEWOMAN Consent Forms*

The WISEWOMAN Patient Consent Form was updated in December 2010 to be more in line with the latest CDC recommendations. You'll notice the language has been simplified and there has been one additional PAR-Q question added related to bone and joint health. The consent form is also available in Spanish to assist you with enrolling Hispanic women into the program. To access the most up to date WISEWOMAN consent forms visit [www.bcccp.ncdhhs.gov/ProviderResources.htm](http://www.bcccp.ncdhhs.gov/ProviderResources.htm) today!

## *New! Permission to Exercise Letter*



The WISEWOMAN team has created a permission to exercise letter that your WISEWOMAN patient's doctor can sign if the patient needs permission to exercise. The letter asks the patient to answer a series of questions regarding any problems they may have had while engaged in physically activity, while the bottom half of the letter allows for physicians to give the patient permission to exercise and express any limitations or additional comments.

If you have any questions about the updated consent form or permission to exercise letter, please contact Vicki Deem, Interim WISEWOMAN Coordinator, at (919) 707-5324 or [Vicki.deem@dhhs.nc.gov](mailto:Vicki.deem@dhhs.nc.gov).

# BCCCP & WISEWOMAN Helping To Make 2011 the Year to Quit

The NC Tobacco Quitline is a free, convenient, confidential service available to help North Carolinians quit using tobacco. Since July 2010, we have encouraged BCCCP and WISEWOMAN providers to fax refer all self-reported smokers, who are ready to quit using tobacco in 30 days, to the Quitline. Over the past six months, 73 patients from 19 counties have been fax referred to the Quitline from our BCCCP and WISEWOMAN Programs. Of those fax referred, 52 percent have accepted services and are actively trying to quit smoking using an expert Quitline Quit Coach.



Thank you to all the providers who continue to refer women to this free smoking cessation service. Special thanks to the following counties for fax referring five or more women: Brunswick, Buncombe, Lincoln, McDowell, New Hanover, Northampton, Surry, and Wake Counties.

If you have questions regarding Quitline Fax Referrals, please contact Jessica Pyjas, WISEWOMAN Interventionist, at (919) 707-5334 or [Jessica.pyjas@dhhs.nc.gov](mailto:Jessica.pyjas@dhhs.nc.gov). ☎

## Financial Updates

### *Draw Down Any Remaining Funds Once You Reach Your Allocated Screening Target*

If you have already obtained your screening target for this fiscal year, please ensure that you draw down all remaining funds in your WIRM account. Per your Agreement Addenda, you are entitled to a certain amount of funds based on the number of women you were allocated to screen. The BCCCP and WISEWOMAN Project allows providers to request reimbursement for services rendered via a capitated rate; meaning there is a set rate for each screening performed, regardless of the extent of the screening services provided. Upon reaching your screening goal for the fiscal year, all available funding should be expended, if in fact, reimbursements for rendered services were requested via the capitated rate. If, for some reason, this has not taken place, please ensure that the finance person responsible for the monthly withdrawals of funding from the WIRM draws down any remaining funds in your WIRM account.

### *Reminder:*

It is imperative that you continue to draw down funds by the 10<sup>th</sup> of each month if you are a contractor and by the monthly deadline given for submission of financial reports if you are a Local Health Department. By following these guidelines, it ensures your allocation of funds is being expended on a monthly basis; thus minimizing the loss of funds if state funds are cut.



# Mark Your Calendars

## *April 2011: Quarterly Trainings*

The final round of FY10-11 BCCCP and WISEWOMAN provider trainings will be held throughout the month of April. Please be sure not to miss your opportunity to get the latest program information and guidance. Be sure to save the date to attend a training near you.

**April 5 & 6**                      **Buncombe County**

**April 7 & 8**                      **Guilford County**

**April 12 & 13**                  **Sampson County**

**April 14 & 15**                 **Pitt County**

*\*Registration details will be forthcoming. ♪*



## *A Word from Our Partners*

# House Bill 2: One Year Review

The 2009 *Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment* prohibits smoking in restaurants and bars across North Carolina. It has been one year since our state took this important public health measure to protect its residents, workers and visitors from the harmful and hazardous effects of secondhand smoke. The first year of implementation of N.C.'s smoke-free restaurants and bars law has been very positive. Business owners and smokers are complying with the law. The Division of Public Health tracks the total monthly complaints for businesses with a potential violation of the law and the total number of businesses named in complaints. From January through December 2010 the statewide data shows that the number of complaints reported about potential violations has dramatically decreased. In December 2010, there were 37 complaints made involving 25 businesses, compared with January 2010, when there were 537 complaints involving 318 businesses. This is excellent success given that the smoke-free law covers more than 24,000 businesses across the state.

The Tobacco Prevention and Control Branch released a report in April 2010 demonstrating that air quality in NC restaurants and bars has improved dramatically as a result of the smoke-free restaurants and bars law. Air quality measurements taken before and after the law went in to effect demonstrate that the air quality has improved by 89 percent.

The baseline for the air quality study was conducted in six North Carolina counties from 2005 to 2007, when the air in 152 restaurants and bars was tested prior to the smoke-free law's passage. This new data were collected from 78 restaurants and bars from January to March, 2010 in seven North Carolina counties.

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### Increase in Smoke-free NC Worksites

Preliminary data from the NC Behavioral Risk Factor Surveillance Study (BRFSS) show that NC workers exposure to secondhand smoke at work in the past seven days has been reduced from 14.6 percent in 2008 to 8.4 percent in the first three quarters of 2010. The statewide smoke-free restaurants and bars law contributed to this important reduction in secondhand smoke exposure among workers. This is especially important since the workplace is a major source of secondhand smoke exposure for adults.

### Conclusions

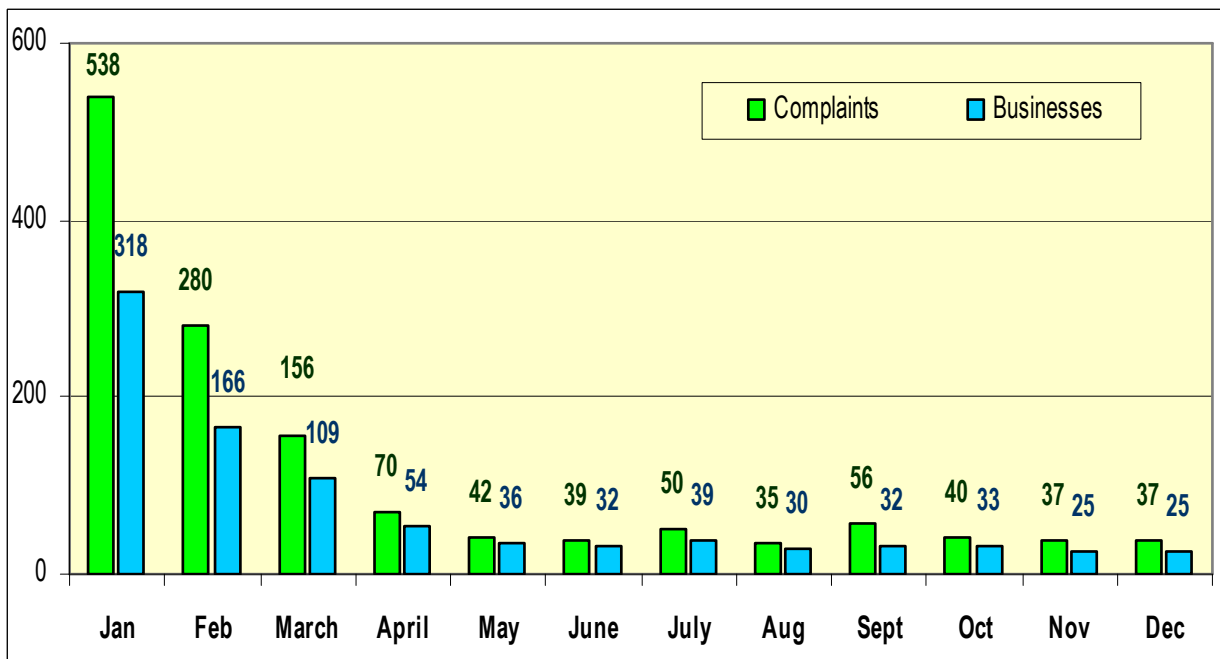
North Carolina's smoke-free restaurants and bars law is being successfully implemented based on the complaint

system data. There is very strong public support for the law. The N.C. Restaurant and Lodging Association reports that "this ban has had an overall positive effect on restaurants and hotels in North Carolina, and has been very well received from the public." The indoor air quality in the state's restaurants and bars has significantly improved, making the air inside healthier to breathe. The law is a major public health accomplishment and will significantly reduce tobacco-related diseases and deaths in the state. There is more work to be done; 8.4 percent of North Carolinians report they are still exposed to the health risks of secondhand smoke in their workplaces on a weekly basis. ♪

## NC's Smoke free Restaurants and Bars Law

### Monthly Number of Unique Complaints\* & Businesses\*\*

January 2, 2010 – December 31, 2010



\* Monthly statewide number of complaints reporting a business with a potential violation of the law

\*\* Monthly statewide number of businesses named in one or more complaint(s) of a potential violation of the law



## Useful Resources

### *New & Simple Guide Explains How the Affordable Care Act Helps Cancer Patients and their Loved Ones*



The American Cancer Society and the American Cancer Society Cancer Action Network (ACS CAN) have produced a new, consumer-friendly guide that describes how provisions of the Affordable Care Act help people with cancer and their families.

This 13-page guide features the stories of three people who have battled cancer or lost a loved one to the disease and describes how provisions of the law improve the quality of care and make health care more affordable, available and easier for patients to understand.

The guide is part of ongoing efforts to educate the public about the law and its benefits for cancer patients, survivors and their families.

**CLICK HERE** to download a copy of The Affordable Care Act Guide.

To learn more, visit [www.acscan.org](http://www.acscan.org) today!

### *CDC Helps Make 2011 Your Year to Quit*

Quitting smoking is among the most common New Year's resolutions.

The New Year is a symbol of renewal and can be a time to prepare for new beginnings. It is a time to set goals and make them

public so that you can get support and encouragement from friends and family. If you are a smoker, determining to quit in 2011 may be the most important resolution you ever make.



Quitting smoking can be challenging and may require multiple attempts. People sometimes relapse because of stress and withdrawal symptoms (e.g., irritability, anxiety, difficulty concentrating). But you can quit! And CDC has put together many good resources to help you along the way.

Visit [www.cdc.gov/features/SmokingCessation](http://www.cdc.gov/features/SmokingCessation) today!

### *NCI's Updated Factsheets*

#### **Harms of Smoking and Health Benefits of Quitting (1/12/11)**

Tobacco smoke is harmful to smokers and nonsmokers. Cigarette smoking causes many types of cancer, including cancers of the lung, esophagus, larynx (voice box), mouth, throat, kidney, bladder, pancreas, stomach, and cervix, as well as acute myeloid leukemia. **View fact sheet...**  
**(en Español)**

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### **Secondhand Smoke and Cancer (1/12/11)**

Inhaling secondhand smoke causes lung cancer in nonsmoking adults. Approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the United States as a result of exposure to secondhand smoke.

**View fact sheet...**

### **Pap Test (12/21/10)**

A Pap test and pelvic exam are important parts of a woman's routine health care because they can detect cancer or abnormalities that may lead to cancer of the cervix.

**View fact sheet...**

### **Livestrong Survivorship Guidebook and Journal**

The LIVESTRONG Guidebook is a companion for cancer survivors as they navigate the health care system. This two-volume set contains helpful information and journal spaces that help survivors address the physical, emotional and practical concerns they may have during the cancer journey. It is available free\* at [www.livestrong.org/Get-Help/Learn-About-Cancer/LIVESTRONG-Guidebook](http://www.livestrong.org/Get-Help/Learn-About-Cancer/LIVESTRONG-Guidebook).

*\*Shipping charges apply.*



## **News & Reviews**

News & Reviews is a collection of recent press releases from creditable websites. Each section highlights current press releases in a particular health topic. To read the full story, simply click on the title.

### **Blood Pressure**

1/24/11 [Lowering Blood Pressure Can Help Cut Women's Heart Disease Risk](#)

### **Breast Cancer**

12/07/10 [Soy Chemicals May Lower Risk For Invasive Breast Cancer](#)

### **Cancer (general)**

12/06/10 [Daily Aspirin Linked to Steep Drop in Cancer Risk](#)

### **Diabetes**

01/26/11 [105 Million in U.S. Have Diabetes or Prediabetes](#)

### **Heart Disease**

01/24/11 [U.S. Heart Disease Costs Expected to Triple by 2030](#)

### **Nutritional Knowhow**

11/12/10 [General Mills Announces Health Improvements](#)

### **Policy News**

01/18/11 [129 Million Americans Could Be Denied Coverage without Health Reform](#)

### **Smoking**

12/09/10 [Exposure to Tobacco Smoke Causes Immediate Damage](#)

### **Stroke**

02/09/11 [Can Diet Soda Boost Your Stroke Risk?](#)

### **Weighty Matters**

02/10/11 [Obesity Tied to Education, Income, but Not Suburbia](#)

